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United or Separate?

THE REAL ISSUE IN THE POLL of the membership which is to be begun September 1 is whether organized medicine in California will remain united or will separate, with many individuals and groups going different ways. There are those who will contend that this is not the case and that all that is at stake is one more expression of opinion in support of voluntarism as against compulsion, this time over the question of whether a physician exercises enough free choice when he joins or does not join his county medical association, knowing that in doing so he also joins the California Medical Association and the American Medical Association, or whether this free choice should now be extended to give him the further option of joining or not joining the CMA and AMA. The question to be posed to the membership—"Do you favor or oppose retaining the present system of unified membership in your county society, CMA and AMA?"—addresses itself to the real question.

These are times of revolutionary change. We have only to look around us to sense the enormity of what is occurring. Many, if not most, of what are generally thought of as the stabilizing elements of a social system are being seriously eroded, if they are not actually crumbling. This is apparent in the law and courts, in the educational system, in respect for the military and the police, and in the authority of the churches, to

cite a few pieces of the evidence. It is no longer possible to oppose or prevent this revolution. We are engulfed in it. Its hallmark so far has been fragmentation of the old order with little to propose for the new. The problems to be resolved are human problems and the needs to be met are human needs. Health and well-being are among the goals which are being sought. Medicine should take part in developing some of the new solutions. The question to be decided is how can medicine best play its role—united, or separate and fragmented?

Do not the issues of "voluntary" and "compulsory" seem somehow beside the point in the face of social revolution and cultural fragmentation? Everyone knows how physicians feel about free choice and compulsion. It has been voted on many times and in many ways. And it is a matter of record that both CMA and AMA have worked for voluntarism and against compulsion for as long as anyone can remember, and quite successfully too. Is this not a time to close ranks and not to scatter, to be united and not to separate? We should all favor retaining the present system of unified membership in county society, CMA and AMA.

Dealing in Futures

Part II—In Democratic Societies

A PREVIOUS EDITORIAL expressed the view that California and the country as a whole were investing in medical research and education as though only for today's market when actually they are dealing in futures—that is, spending money which has to be spent or invested today in order to buy or produce a product which can only be delivered at a later time when presumably it will be needed. The purpose of this editorial is to draw attention to a characteristic of democratic societies, be they institutions, organi-

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zations or governments, which makes them peculiarly inept when it comes to dealing in futures.

It is a weakness of democratic societies that they have no good mechanism for consistent commitment in the dimension of time, especially time ahead. They seem to be almost completely devoid of any real capacity to recognize what quite evidently lies ahead, or to take the actions which must be taken now to adapt or prepare themselves for it. The fact is that democratically controlled societies are by nature oriented toward the present, to the solving of present problems and the preservation of present accomplishments. This seems to be primarily because the leaders and policy makers must always have an eye to winning the next election, and their constituents or voters are always much more concerned with what they perceive to be the realities of the present than what did happen in the past or might happen in the future. It is probably for reasons such as these that the problems of the future tend to get short shrift in democratic societies unless they are problems of the present as well.

This system worked well enough until fairly recently when it seems to be proving somehow inadequate. Perhaps the reason is that some of the most important problems are getting too complex and have too many roots in the past and too many implications for the future to be handled, or even understood and let alone solved, in the time interval between elections or annual meetings or whatever times leaders and policy makers must answer to their constituents in any democratic system. And, as if the existing complexities and unsolved problems of medicine and today's society were not enough, there is now a new and growing awareness that "nature bats last" (to quote a bumper sticker) when it comes to ecological survival, and quite evidently there will soon be new dimensions of futures when it comes to the control of population and pollution and the allocation and exploitation of resources. More sophisticated dealing in futures is rapidly becoming essential for democratic societies if either they or the human race is to survive or be healthy.

The present ineptness of democratic societies with respect to dealing in futures in the sense described must somehow be overcome. Democratic institutions, organizations and governments must develop a substantially greater capacity to think and plan beyond the crisis or emotion of the moment or the next election. They must develop

a clearer forward vision and a greater capability to do what must be done now to adapt and prepare themselves and the society they serve for what can be seen ahead. In short they must mature as instruments of planning, decision and action, and they must do this as rapidly as possible.

Venereal Disease Epidemic

GONORRHEA AND SYPHILIS are increasing alarmingly. The present epidemic, labelled "pandemic" by the American Social Health Association, began a little more than ten years ago. Venereal disease is principally an urban problem and most of the new cases are in young people, many of them in their teens. In Los Angeles, for example, an estimated 20 percent of the members of high school graduating classes have or have had either gonorrhea or syphilis. In the population of Los Angeles at large, the incidence of gonorrhea has trebled in less than 25 years; and as to syphilis, new cases (primary and secondary) rose 54 percent last year alone.

The epidemic has been brought about by a multiplicity of factors including increased sexual promiscuity, public apathy, failure to practice primary prevention, lack of successful casefinding on backtracking from infected patients, reduced education to the profession and public, and a complacency of the medical profession in the mistaken belief that venereal disease can be treated out of existence. Sexually active patients are not being instructed on how to avoid venereal disease and are not being periodically examined to see if they do become infected. Screening for venereal disease is not being carried out adequately in obstetrical and gynecological clinics, multipurpose clinics, on college campuses, among school dropouts, and at contraception clinics, although these are all likely places to discover cases and to set follow-up casefinding apparatus into motion.

Case management of individual patients is the responsibility of private physicians and public